



**HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)**

HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, Pacific Tower Suite 970 P.O. Box 616 Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: ethics@hawaiiethics.org		<div style="text-align: right;">Rev. 12/01</div> <div>For Office Use Only DATE REC'D: 06/03/2008 FILE NO.: 95-D-8247</div> <div style="text-align: center; font-size: 1.2em;">Representative</div>	
IMPORTANT: Please read instructions carefully before filling out this form.			
FULL NAME (Last, First, Middle) Takai, Kyle Mark		SPOUSE'S FULL NAME (Last, First, Middle) Takai, Sami Aya	
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle) Takai, Matthew James Takai, Kaila Hope			
RESIDENCE ADDRESS [REDACTED]			
MAILING ADDRESS same as above			
BUSINESS TELEPHONE 808-586-8455		STATE DEPARTMENT/DIVISION OR BOARD/COMMISSION HI House of Representatives	
RESIDENCE TELEPHONE [REDACTED]		STATE POSITION HELD State Legislator	TERM OF OFFICE: Begin: 11/5/02 End: 11/2/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Hawaii House of Representatives 415 South Beretania Street Honolulu, HI 96813	D	Legislator
F	HI Army National Guard 3949 Diamond Head Road Honolulu, HI 96816	B	Preventative Medical Officer
SP	University of Hawaii Foundation C/O Kapiolani Community College 4303 Diamond Head Road Honolulu, HI 96816	D	Development Officer

☐ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	GMAC Mortgage PO Box 780 Waterloo, LA 50704	G	F

☐ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	See attached #A			

☐ Check here if entry is None ☒ Check here if additional sheets are attached.

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	98-1284F Hoohiki Place Pearl City, Hawaii 96782	1-9-8-59-23-90	E

☐ Check here if entry is None ☐ Check here if additional sheets are attached.

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None ☐ Check here if additional sheets are attached.

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☒ Check here if entry is None

☐ Check here if additional sheets are attached.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

Disclosure of Financial Interests
Attachment #A for Kyle Mark Takai

Item 6. List every officership, directorship, or position as trustee held in any business or organization.

<u>Name and Address of Business</u>	<u>Title</u>	<u>Compensation</u>
Waiiau Gardens Kai G-! Board of Directors c/o Management Specialists Company 1585 Kapiolani Blvd., Suite 1530 Honolulu, Hawaii 96814	President	None
Honolulu Symphony Board of Directors 677 Ala Moana Blvd., Suite 615 Honolulu, Hawaii 96813	Director	None

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